

South Carolina Workers' Compensation Commission
1612 Marion Street
Post Office Box 1715
Columbia, South Carolina 29202-1715
803-737-5723



WCC File #: _____
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: _____ Employer's Name: _____
Address: _____ Address: _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
Home Phone: () - Work Phone: () - Insurance Carrier: _____
Preparer's Name: _____ Law Firm: _____ Preparer's Phone #: () -

Please address the following factors in requesting attorney fee approval.

(A) The time and labor required, the novelty and difficulty of the questions involved, and the skill requisite to perform the legal service properly:

(B) The likelihood that the acceptance of this particular employment precluded other employment by the lawyer:

(C) The fee customarily charged in the locality for similar legal services:

(D) The amount involved and the results obtained:

(E) The time limitations imposed by the client or by the circumstances:

(F) The nature and the length of the professional relationship with the client:

(G) The experience, reputation, and ability of the lawyer or lawyers performing the services; and

(H) Whether the fee is fixed or contingent:

See R.67-1205 and Rule 1.5(a) of the Rules of Professional Conduct, South Carolina Appellate Court Rule 407.